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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 480062004300
Application Number 10/803,279		Filed March 18, 2004
For CATHETER CONNECTOR		
Art Unit 3763		Examiner L. Bouchelle
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120      Small Entity Fee \$60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$460      Small Entity Fee \$230
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1050      Small Entity Fee \$525
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1640      Small Entity Fee \$820
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2230      Small Entity Fee \$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal Form (PTO/SB/17) is attached to this submission in duplicate.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> <b>Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,218</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Todd W. Wight/</u> Signature		<u>February 20, 2008</u> Date
<u>Todd W. Wight</u> Typed or printed name		<u>(949) 251-7189</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		